

Aaron Sales & Lease
1015 Cobb Place Blvd NW
Kennesaw, GA 30144-3672

ACS/Dept of Ed
501 Bleecker St
Utica, NY 13501-2401

Action Financial Services, LLC
PO Box 3250
Central Point, OR 97502-0009

American Family Insurance
PO Box 9462
Minneapolis, MN 55440-9462

Armand Law Group, PLLC
8668 Spring Mountain Rd Ste 110
Las Vegas, NV 89117-4132

Attorney Generals Office
PO Box 413064
Salt Lake City, UT 84141-3064

Avon Products
2940 E Foothill Blvd
Pasadena, CA 91121-0001

Bonneville Billing
POB 150621
Ogden, UT 84415

Bonneville Billing & Collection
6026 Fashion Point Dr
Ogden, UT 84403-4851

Bonneville Collection Services
PO Box 150621
Ogden, UT 84415-0621

Business Revenue Systems, Inc.
PO Box 579
Burlington, IA 52601-0579

Carnegie Ins Company
101 5th St E Ste 2400
Saint Paul, MN 55101-1800

Central Portfolio Control
6640 Shady Oak Rd # 300
Eden Prairie, MN 55344-7710

Certegy Check Services, Inc
PO Box 30046
Tampa, FL 33630-3046

Check City
PO Box 970183
Orem, UT 84097-0183

Check N Go
4540 Cooper Rd Ste 305
Cincinnati, OH 45242-5649

Coast Professional, Inc
Dept 376
PO Box 4115
Concord, CA 94524-4115

Comcast
PO Box 34227
Seattle, WA 98124-1227

Comcast Cable Payment Processing
PO Box 55126
Boston, MA 02205-5126

Credit Collection Services
2 Wells Ave
Newton, MA 02459-3225

Dept Of Ed/SLM
11100 USA Pkwy
Fishers, IN 46037-9203

Deseret First Credit Union
PO Box 45046
Salt Lake City, UT 84145-0046

Dr. Nicholas S. Cantwell, DDS
8370 W 3500 S
Magna, UT 84044-1870

ECMC
1 Imation Pl
Oakdale, MN 55128-3422

EM Phys Integrated Care (EPIC)
PO Box 96398
Oklahoma City, OK 73143-6398

England Counseling Services
3564 S 7200 W
Magna, UT 84044-3507

Exodus Healthcare Network
PO Box 14000
Belfast, ME 04915-4033

Exodus Healthcare Network
3665 S 8400 W Ste 110
Magna, UT 84044-4907

Express Recovery Services
PO Box 26415
Salt Lake City, UT 84126-0415

FMS Investment Services
PO Box 1423
Elk Grove Village, IL 60009-1423

GC Services
6330 Gulfton C/O OVC Inc
Houston, TX 77081

Gold Cross Ambulance Service
PO Box 27768
Salt Lake City, UT 84127-0768

Granger Medical Clinic
Po Box 70658
Salt Lake City, UT 84170-0658

Grant & Weber, Inc
861 Coronado Center Dr Ste 211
Henderson, NV 89052-3992

I Smile at Alta View Dental
9844 S 1300 E
Sandy, UT 84094-4673

Intermountain Health Care
PO Box 410400
Salt Lake City, UT 84141

Intermountain Medical Group
PO Box 27128
Salt Lake City, UT 84127-0128

Internal Revenue Service
PO Box 7346
Centralized Insolvency Operation
Philadelphia, PA 19101-7346

Interstate Collections
PO Box 65718
Salt Lake City, UT 84165-0718

Jensen & Sullivan, LLC
PO Box 150612
Ogden, UT 84415-0612

Johnson Mark LLC
PO Box 7811
Sandy, UT 84091-7811

Jordan Valley Medical Center
PO Box 27023
Salt Lake City, UT 84127-0023

Kim Chen Anesthesia Services
PO Box 3930
Salt Lake City, UT 84110-3930

LabCorp
PO Box 2240
Burlington, NC 27216-2240

Law Offices of Quinn M. Kofford, P.C
PO Box 1425
American Fork, UT 84003-6425

LCA Collections
PO Box 2240
Burlington, NC 27216-2240

Magna Water District
PO Box 303
Magna, UT 84044-0303

MediaOne
PO Box 704005
Salt Lake City, UT 84170-4005

Medical Revenue Service
PO Box 1940
Melbourne, FL 32902-1940

Money Train Title Loans
27 W 3300 S
Salt Lake City, UT 84115-3711

Mountain Land Collections
PO Box 1280
American Fork, UT 84003

Mountain Medical
5444 S Green St
Murray, UT 84123-5632

Mountainland Collections
PO Box 1280
American Fork, UT 84003-6280

National DME
PO Box 820
Midvale, UT 84047-0820

Pediatric Radiology
PO Box 511
Salt Lake City, UT 84110-0511

Pioneer Credit Recovery, Inc.
26 Edward St
Arcade, NY 14009-1012

Pioneer Valley Hospital
PO Box 277284
Atlanta, GA 30384-7284

Premiere Credit of North America, LLC
PO Box 19309
Indianapolis, IN 46219-0309

Questar Gas Company
PO Box 45841
Salt Lake City, UT 84139-0001

Quinn M. Kofford
PO Box 1425
American Fork, UT 84003-6425

Rocky Mountain Power
PO Box 25308
Salt Lake City, UT 84125-0308

Sallie Mae
PO Box 9500
Wilkes Barre, PA 18773-9500

Salt Lake City Records Office
2001 S State St # N1-600
Salt Lake City, UT 84190-0001

Salt Lake County DA
PO Box 150621
Ogden, UT 84415-0621

Salt Lake County Library System
8030 S 1825 W
West Jordan, UT 84088-5625

Sears/CBNA
PO Box 6282
Sioux Falls, SD 57117-6282

SLV Law Enforcement Service Area
PO Box 30018
Salt Lake City, UT 84130-0018

Syncb/Wal-mart
PO Box 965024
Orlando, FL 32896-5024

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154-1207

Third Judicial Dist. Salt Lake City
PO Box 1860
Salt Lake City, UT 84110-1860

Unified Fire Authority
PO Box 27768
Salt Lake City, UT 84127-0768

University Of Utah Healt Care Collection
PO Box 413064
Salt Lake City, UT 84141-3064

University Of Utah Health Care
PO Box 30465
Salt Lake City, UT 84130-0465

US Bank
3580 S Constitution Blvd
West Valley City, UT 84119-3718

US Dept Of Ed/GSL/ATL
PO Box 4222
Iowa City, IA 52244-4222

US Dept Of Educatio
2505 S Finley Rd
Lombard, IL 60148-4867

Utah Regional Hospitalists
PO Box 3299
Carson City, NV 89702-3299

Utah State Tax Commission
210 North 1950 West Attn Bankruptcy Unit
Salt Lake City, UT 84134

Utah Surgical Center
PO Box 741376
Atlanta, GA 30374-1376

Wasatch Front Waste and Recycling
PO Box 30105
Salt Lake City, UT 84130-0105

Wells Fargo Bank
PO Box 10438
Des Moines, IA 50306-0438

Wells Fargo Dealer Service
PO Box 1697
Winterville, NC 28590-1697

Wells Fargo Teen Checking
PO Box 6995
Portland, OR 97228-6995

West Valley City Court of Utah
3590 S Constitution Blvd
West Valley City, UT 84119-3718

West Valley City Fire Dept
PO Box 27768
Salt Lake City, UT 84127-0768

West Valley City Hall
3600 S Constitution Blvd
West Valley City, UT 84119-3720

Western Anesthesia Associates, LLC
PO Box 3810
Salt Lake City, UT 84110-3810

Winder Farms/Dolphin Winder LLC
4400 W 4100 S
West Valley City, UT 84120-5077

WLLMSBR SVBK c/o AFSA Data Corp
501 Bleecker St # C
Utica, NY 13501-2401

Document Page 14 of 49
United States Bankruptcy Court
District of Utah, Salt Lake City Division

IN RE:

Case No. _____

Douglas, Jennifer Veiga Irene

Chapter 13

Debtor(s)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE**

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy
petition preparer is not an individual, state
the Social Security number of the officer,
principal, responsible person, or partner of
the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or
partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Douglas, Jennifer Veiga Irene

X /s/ Jennifer Veiga Irene Douglas

3/29/2016

Printed Name(s) of Debtor(s)

Signature of Debtor

Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any) Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF UTAH, SALT LAKE CITY DIVISION

Case number (if known) _____

Chapter you are filing under:

☐ Chapter 7

☐ Chapter 11

☐ Chapter 12

☒ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Jennifer Veiga

First name

Irene

Middle name

Bring your picture identification to your meeting with the trustee.

Douglas

Last name and Suffix (Sr., Jr., II, III)

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-8182

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known)

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs.

☐ I have not used any business name or EINs.

Include trade names and doing business as names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

**3612 S Evening Light Cv
Magna, UT 84044-2792**

Number, Street, City, State & ZIP Code

Salt Lake

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13
- Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
☐ Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No.
☐ Yes.
- | | |
|-----------------------------|---------------------------|
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
| Debtor _____ | Relationship to you _____ |
| District _____ | When _____ |
| Case number, if known _____ | |
11. **Do you rent your residence?** ☒ No. Go to line 12.
☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.

☐ Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property? _____

Number, Street, City, State & Zip Code

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**
- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known)

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a.	Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts

17. Are you filing under Chapter 7?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes.	I am not filing under Chapter 7. Go to line 18. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes
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18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
--	---	--	--

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Jennifer Veiga Irene Douglas**Jennifer Veiga Irene Douglas**

Signature of Debtor 1

Signature of Debtor 2

Executed on **March 29, 2016**

MM / DD / YYYY

Executed on

MM / DD / YYYY

Debtor 1 **Douglas, Jennifer Veiga Irene**

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Aaron Nilsen

Signature of Attorney for Debtor

Date

March 29, 2016

MM / DD / YYYY

Aaron Nilsen

Printed name

Utah Bankruptcy Clinic, LC

Firm name

1140 36th St Ste 145

Ogden, UT 84403-2095

Number, Street, City, State & ZIP Code

Contact phone **(801) 678-6069**

Email address

aaron@utahbk.com

7950

Bar number & State

Certificate Number: 17082-UT-CC-027189086



17082-UT-CC-027189086

CERTIFICATE OF COUNSELING

I CERTIFY that on March 28, 2016, at 3:57 o'clock PM MST, JENNIFER V DOUGLAS received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the District of Utah, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 28, 2016 By: /s/Anna Maria Moreno

Name: Anna Maria Moreno

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).



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Welcome to eServices. Last sign-in: 03/24/2016

Account Activity: 8921290444 - 2012 JEEP LIBERTY-V6

Description	Amount	Notes
Next Payment Due	\$1,748.92	Due: 1/23/2016 Find out the payment details
Last Payment Received	\$400.00	Posted on: 2/23/2016
Outstanding Principal Balance	\$18,392.21	What is Principal Balance?

Account Profile

Loan Origination Date	12/9/2013
Original Loan Amount	\$24,737.28
Interest Rate	5.490 %
Loan Term	75 Months
Maturity Date	4/23/2020
Months Remaining	52 Months

[Make a Payment](#) [Get a Payoff Quote](#)

Contact Us

1-800-289-8004
Monday – Friday

5 am – 7 pm PT
7 am – 9 pm CT
8 am – 10 pm ET

We accept
telecommunications relay
service calls.

Customer Service

Help and FAQs

[Make A Payment](#)
[Pending Payments](#)
[Payoff Requests](#)
[Automatic Loan Payment](#)

My Profile

[How to Read Your
Statement \(PDF\)](#)

[eStatements](#)
[Email Notifications](#)

[Correspondence](#)

[Financial Education](#)

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Wells Fargo Dealer Services is a division of Wells Fargo Bank, N.A. Member FDIC and Equal Credit Opportunity Lender.
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06332 01 AV 0.391 18-1

JENNIFER DOUGLAS
3612 S EVENING LIGHT CV
MAGNA UT 84044-2792



Questions: Call
1-888-221-7070
24 hours a day,
7 days a week
rockymountainpower.net



BILLING DATE: **Feb 26, 2016**
ACCOUNT NUMBER: **82058457-002 3**
DATE DUE: Mar 10, 2016
AMOUNT DUE: \$585.98



ACCOUNT PAST DUE

Our records indicate that your account is past due. If the past due amount has been paid, please remember that this bill also contains New Charges.

Your Balance With Us

Previous Account Balance	450.63
Payments/Credits	0.00
Past Due Amount	450.63
New Charges	+135.35
Current Account Balance	\$ 585.98

You Must Act Now to Avoid Shut-Off!

- Your Electric Service **Past Due Amount of \$450.63** must be received by **Mar 10, 2016** to avoid shut-off.

Other ways to avoid Shut-off are shown at the end of this billing statement

Este es un aviso de desconexión. El folleto "ROCKY MOUNTAIN POWER Customer Information" esta disponible en español a su petición.

Remember: Your New Charges of **\$135.35** are still due by **Mar 21, 2016**.

Payments Received

No payments have been received since your last billing statement.

NOTE: Your Payment Plan has been cancelled due to a deficient payment of **\$193.69**.

Detailed Account Activity

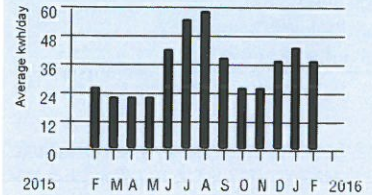
ITEM 1 - ELECTRIC SERVICE

3612 S Evening Light Cv Magna UT
Residential Service Schedule 1

METER NUMBER	SERVICE PERIOD From To	ELAPSED DAYS	METER READINGS Previous Current	METER MULTIPLIER	AMOUNT USED THIS MONTH
51096816	Jan 27, 2016 Feb 25, 2016	29	3442 4556	1.0	1,114 kwh

Next scheduled read date: 03-25. Date may vary due to scheduling or weather.

Historical Data - ITEM 1



Your Average Daily kwh Usage by Month

PERIOD ENDING	FEB 2016	FEB 2015
Avg. Daily Temp.	34	44
Total kwh	1114	751
Avg. kwh per Day	38	26
Cost per Day	\$4.51	\$2.97

If you find yourself in a position in which you are not able to pay your electric bills, we encourage you to contact us at 1-888-221-7070. We have a variety of options to help.

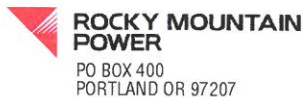
To report an outage, downed line, or other power emergency, please call 1-877-508-5088.

See reverse

Write account number on check & mail to: Rocky Mtn Power, PO Box 26000, Portland, OR 97256-0001

RETAIN THIS PORTION FOR YOUR RECORDS.

RETURN THIS PORTION WITH YOUR PAYMENT.



↑ INSERT THIS EDGE FIRST ↑

ACCOUNT PAST DUE

Late Payment Charge for Utah
A late payment charge of 1% may be charged on the delinquent balance per month.

☐ Change of Mailing Address or Phone?
Check here & provide information on back.

Account Number: **82058457-002 3**
Date Due: **Mar 10, 2016**

AMOUNT DUE: \$585.98

Please enter the amount enclosed.

ROCKY MTN POWER
PO BOX 26000
PORTLAND OR 97256-0001



JENNIFER DOUGLAS
3612 S EVENING LIGHT CV
MAGNA UT 84044-2792

H 82058457 002 324 000058598 000045063 000013535



BILLING DATE: **Feb 26, 2016** ACCOUNT NUMBER: **82058457-002 3** DATE DUE: **Mar 10, 2016** AMOUNT DUE: **\$585.98**

DEPOSIT, AND WILL BE REQUIRED TO PAY A RECONNECTION CHARGE **(\$30.00** during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays, and **\$100.00** at all other times) for each service location. The Company will make a reasonable attempt to reconnect power for an Applicant or Customer within 24 hours after the Company is notified that all required charges have been paid and any required inspections are finalized.

A CHARGE OF **\$20.00** may be made if it is necessary to send Company personnel to your premises for collection purposes.

Customers connected less than one year may be required to make a security deposit if they receive a notice of disconnection for nonpayment. The amount of the deposit will be based on the estimated average 60 day billing period at the premise. A third party guarantee from a current customer who has not received a notice of disconnection during the last year will be accepted in lieu of a deposit.

A customer or former customer of the company, whose service was terminated for non-payment of a delinquent account or deposit when required, or who left a premise with a delinquent account, will be required to make payment of all amounts remaining unpaid from previous service in addition to a deposit. Delinquent amounts may include a Time Payment Plan provided no previous agreement has been broken.

WINTER MORATORIUM: During the winter months application may be made to prevent disconnection of utility service as long as the criteria by the Utah State Department of Community and Culture is met, your service will not be disconnected for non-payment. Applications are approved by the Utah State Department of Community and Culture.

STATEMENT OF UTILITY CUSTOMER RIGHTS AND RESPONSIBILITIES

The Utah Public Service Commission has established rules about utility consumer/company relationships. These rules cover payment of bill, late charges, security deposits, handling complaints, service disconnection and other matters. These rules assure customers of certain rights and outline customer responsibilities.

RIGHTS

ROCKY MOUNTAIN POWER WILL:

- Provide service if you are a qualified applicant.
- Offer you at least one 12 month Time Payment Plan if you have a financial emergency.
- Let you pay a security deposit in three installments if one is required.
- Follow specific procedures for service disconnection which include providing you notice postmarked at least 10 days before service is disconnected.
- Offer winter shut-off protection of energy utility service to qualifying ratepayers.
- Advise you of sources of possible financial assistance in paying your bill.
- Continue service for a reasonable time if you provide a physician's statement that a medical emergency exists in your home.
- Give you written information about Commission rules and your rights and responsibilities as a customer under these rules.

RESPONSIBILITIES

YOU, THE CUSTOMER, WILL:

- Use services safely and pay for them promptly.
- Contact Rocky Mountain Power when you have a problem with payment, service, safety, billing or customer service.
- Notify Rocky Mountain Power about billing or other errors.
- Contact Rocky Mountain Power to develop a Payment Plan when you anticipate a payment problem.
- Notify Rocky Mountain Power when you are moving to another residence.
- Notify Rocky Mountain Power about stopping service in your name or about stopping service altogether.
- Permit access for meter readers and other essential Rocky Mountain Power personnel and equipment.

Please consider helping your neighbors in need of energy assistance by using the enclosed envelope to make a tax-deductible donation. Rocky Mountain Power will contribute \$2 for every \$1 donated, allowing your contribution to go even further.

Rocky Mountain Power makes it easy for customers and municipalities to report streetlight outages and manage streetlight accounts. You can report a streetlight outage at pacificpower.net/streetlights or call toll free at 1-888-221-7070.

When you provide a check as payment, you authorize us to use the information from your check either to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. If you would like

JORDAN VALLEY - WEST
 PO BOX 27023
 SALT LAKE CITY UT 84127-0023

Date	3/21/2016
Account Number	C1528300042
Total Balance	\$2,895.01



01400

JENNIFER DOUGLAS
 3612 S EVENING LIGHT CV
 MAGNA UT 84044-2792

STATEMENT

Statement Date: 3/21/2016		Master Number: 27159988	Total Balance: \$2,895.01	
Invoice Number	Regarding		Amount Owed	Service Date
C1528300042	RILEY DOUGLAS		\$1,310.49	10/10/2015
C1525300224	RILEY DOUGLAS		\$1,584.52	09/10/2015

Our attempts to resolve your account balance have remained unsuccessful. If the account balance is not resolved your account may be placed with an outside agency for collections.

Please contact us at 866-480-2595.

You may make your payment online by visiting our website or by contacting us by phone at 866-480-2595.

Our office hours are 8:00am to 6:00pm Central Standard Time, Monday through Thursday and 8:00am to 5:00pm on Friday.

You may pay your bill...

✓ Online at www.jordanvalleywest.com

When making a payment online, please enter the capital letter before the account number - Ex. 'B1234567890'.

☎ By Phone at 866-480-2595

✉ By Mail at the remit address below

Invoice Number	Regarding	Amount Owed	Service Date
C1528300042	RILEY DOUGLAS	\$1,310.49	10/10/2015
C1525300224	RILEY DOUGLAS	\$1,584.52	09/10/2015

ACCOUNT NUMBER	TOTAL DUE
C1528300042	\$2,895.01
REGARDING	
RILEY DOUGLAS	

Please remit payment to:

JORDAN VALLEY - WEST
 PO BOX 27023
 SALT LAKE CITY UT 84127-0023



Account Activity: RILEY DOUGLAS

Account Number: 26599689
Date of Service 10/10/2015

<u>Date</u>	<u>Description</u>	<u>Activity</u>
10/10/15	1ST OBS CARE PR D MOD- ERATE SEVERITY	\$335.00
11/09/15	\$201.00 TOWARDS DE- DUCTIBLE	\$0.00
11/09/15	Charge exceeds fee sched- ule/maximum allowable or c	\$0.00
11/09/15	PATIENT IS RESPONSIBLE FOR DEDUCTIBLE	\$0.00
11/09/15	PAYMENT BY MERITAIN HEALTH *	\$0.00
11/09/15	ADJUSTMENT BY MERITAIN HEALTH *	- \$134.00
10/11/15	OBSERVATION CARE DIS- CHARGE MANAGEMENT	\$180.00
11/09/15	\$108.00 TOWARDS DE- DUCTIBLE	\$0.00
11/09/15	Charge exceeds fee sched- ule/maximum allowable or c	\$0.00
11/09/15	PATIENT IS RESPONSIBLE FOR DEDUCTIBLE	\$0.00
11/09/15	PAYMENT BY MERITAIN HEALTH *	\$0.00
11/09/15	ADJUSTMENT BY MERITAIN HEALTH *	- \$72.00
Total Account Balance		\$ 309.00
YOUR BALANCE IS NOW DUE		

Important Information

If you believe this statement is in error, or if you can provide us with additional insurance coverage and it is not too late to file a claim, please call our Billing Department immediately.

LTRH Medical Billing Service - Billing Department
P: (844) 207-4039
F: (775) 222-0056

Utah Regional Hospitalists and LTRH Medical Billing Service are divisions of Aguirre Healthcare, LLC. For more information on our company or any of the hospitalist groups we bill for, please visit our website at www.AguirreHealthcare.com.

CHANGE OF ADDRESS OR HEALTH INSURANCE INFORMATION

If you have new health insurance or a new address, please enter the information below.

RILEY DOUGLAS
26599689

NEW ADDRESS		CITY	STATE	ZIP CODE	NEW PHONE
POLICY HOLDER'S NAME/RELATIONSHIP TO PATIENT			POLICY ID # GROUP #		
EFFECTIVE DATE	BIRTH DATE OF INSURED	HMO/PPO/OTHER		INSURANCE PHONE #	
IF GROUP INSURANCE, NAME OF GROUP (EMPLOYER, UNION/ASSOCIATION)					
INSURANCE COMPANY NAME			INSURANCE ADDRESS		
EMPLOYER			EMPLOYER ADDRESS		



**Intermountain
Healthcare**

Patient Financial Services
P.O. BOX 30193
Salt Lake City UT 84130-0193

YES I AM PAYING WITH A CREDIT CARD. PLEASE FILL OUT BELOW: intermountainwebpay.org		PAYING BY CREDIT CARD. PLEASE FILL OUT BELOW: MasterCard <input type="checkbox"/> DISCOVER <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>
WEB PAY PIN 759485	CARD NUMBER AMOUNT	SIGNATURE EXP. DATE
PAY ON OR BEFORE 04/08/2016	PAY THIS AMOUNT * \$102.72	ACCT. # 107-547612221

Amount Enclosed \$

0202-004162

JENNIFER DOUGLAS
3612 S EVENING LIGHT CV
MAGNA UT 84044-2792



Please remit payment to:
Intermountain Healthcare
Patient Financial Services
P.O. Box 410400
Salt Lake City, UT 84141-0400

13081070054761222100000102723

STATEMENT DATE: 03/20/2016

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

Payment Options:

- Online at intermountainwebpay.org.
- Send payment with attached coupon.
- Pay over the phone-available 24 hours a day.
- For extended payment options, please contact us during our hours of operation, at one of the phone numbers listed below.

Financial Assistance

Intermountain Healthcare is able to provide financial assistance to those who qualify, if you would like to apply, you may complete an application online at: intermountainhealthcare.org/billingfa, or by contacting us at the number listed below.

Any encounters that are not paid in full, are not set-up on a payment plan or have defaulted on a payment plan may be referred to collections and may affect your credit.

Payment Plan Information:

A payment plan does not currently exist. If you cannot pay the balance in full, please contact our office to make payment arrangements.

Encounter(s) Not on a Payment Plan:

The following encounter(s) are not on a payment plan and may continue to age towards collections though you may be making payments.

Encounter#	Provider	Patient Name	Service	Date of Service	Balance
138-81278814	Primary Childrens Medical Cent	RILEY C DOUGLAS	PATHOLOGY ONLY	09/30/15 - 10/07/15	\$102.72

*Pay this amount includes all patient responsibility due at this time.

Encounter(s) Not on a Payment Plan

0-30 DAYS	31-60 DAYS	PRE-COLLECTIONS
\$0.00	\$0.00	\$102.72 ‡

Payment Plan Information

PAY PLAN TOTAL	MONTHLY PAYMENT
\$0.00	\$0.00

*** PAY THIS AMOUNT**

\$102.72

Intermountain Healthcare
Patient Financial Services
4646 W Lake Park Blvd.
Salt Lake City UT 84120

HOURS OF OPERATION
Phones: Mon. - Fri. 8:00am - 6:00pm
Office: Mon. - Fri. 8:00am - 5:00pm

FOR QUESTIONS CALL:
LOCAL: 801-442-1007
TOLL FREE: 1-866-415-6556
Visit our billing website at:
intermountainhealthcare.org/billing

Account # 107-547612221

3-19074043377

Cardon Health Care / 913116 / Jennifer Douglas / PL9 / 149901094 / SM / WK07

7522181 22

CARDON HEALTHCARE NETWORK %CSC CORP
10 E SOUTH TEMPLE #850
SALT LAKE CITY, UT 84133

DISTRICT COURT OF THE STATE OF UTAH
THIRD JUDICIAL DISTRICT
SALT LAKE COUNTY
SALT LAKE CITY

Court Address: 450 S STATE ST SALT LAKE CITY UT 84111

BONNEVILLE BILLING & COLLECTIONS, INC.
A Utah Corporation
Plaintiff

Garnishee's answers to
interrogatories for
continuing garnishment.
Subsequent pay periods.

Vs.

Case Number: 149901094

JENNIFER DOUGLAS

Judge: JUDGE COLLECTION

1. Write your answers in the spaces provided and attach additional sheets if necessary.

2. What is the pay period to which these answers relate:

ANSWER:

Start date: 02/01/2016

End date: 02/15/2016

3. Is the Writ of Continuing Garnishment in effect on the last day of this period? (The Writ is in effect for one year from the effective date or 120 days after service of a second or subsequent writ of continuing garnishment. A Writ of Continuing Garnishment in favor of the Office of Recovery Services or the Department of Workforce Services is effective when served on you and continues indefinitely until fully satisfied.)

ANSWER: Yes X No

4. Calculate, in the table, the amount to be withheld from the defendant. Assume you are calculating this on the last day of the pay period for which these answers apply.

ANSWER:

a Gross earning from all sources payable to the defendant for personal services, including salary, wages, tips, commissions, bonuses, per diem reimbursement of expenses, etc.	\$1,213.99
b Deductions required by law.	
b(i) Federal income tax	\$ 0.00
b(ii) State income tax	\$20.36
b(iii) Social security tax (FICA)	\$70.59
b(iv) Medicare tax (FICA)	\$16.51
4b(v) Other amounts required by law to be deducted. (Please describe reason for deduction.)	\$0.00
4c Total deductions. Calculate and record the sum of Lines 4b(i) through 4b(iv).	\$ 107.46
4d Disposable earnings. Calculate and record Line 4a minus Line 4c.	\$ 1,106.53
4e Calculate:	
4e(i) 25% of the amount in Line 4d; or, if this is a judgment for child support, 50% of the amount in Line 4d.	\$276.63
4e(ii) The difference between Line 4d and the federal minimum hourly wage (\$7.25) times 30 times the number of weeks in this pay period. For example: Line 4d minus (\$7.25 X 30 X 2 weeks) OR Line 4d minus (\$7.25 X 30 X 4.28 weeks)	\$635.28
4f Of Line 4e(i) and Line 4e(ii), record the lesser amount.	\$276.63
4g Amount of any income withholding order.	\$158.48
4h Calculate and record Line 4f minus Line 4g	\$118.15
4i Amount deducted for an undisputed debt owed to you by the (check one or both) plaintiff defendant.	\$0.00
4j Total amount to be withheld. (Calculate and record Line 4h minus Line 4i.	\$100.40 CK DT 02/22/2016

Goal Balance Met

Note: Do not withhold more than the balance the defendant owes on the judgment. You may contact the plaintiff or plaintiff's attorney to obtain the outstanding balance.

5. I served a copy of these Answers to Interrogatories on the plaintiff (or plaintiff's attorney) by:

first class mail ☒

by hand delivery ☐

to (address) PO Box 150612 Ogden UT 84415

on (date)

MAR 04 2016

6. I served a copy of the Writ of Garnishment, these Answers to Interrogatories, Notice of Garnishment and Exemptions form, and two copies of the Reply and Request for Hearing form on the defendant by:

first class mail ☐

by hand delivery ☐

to (address)

on (date)

3-19074043377

Cardon Health Care /913116 / Jennifer Douglas / PL9 / 149901094 / SM / WK07

7. I served a copy of the Writ of Garnishment, these Answers to Interrogatories, Notice of Garnishment and Exemptions form, and two copies of the Reply and Request for Hearing form upon following persons other than the defendant shown by my records to have an interest in the property by:

first class mail ☒

by hand delivery ☐

to (name) Jennifer Douglas

to (address) 3612 Evening Light Cove Magna UT 84044

on (date)

I declare under penalty of Section 46-5-101 that this document is true and correct. **RECEIVED 04 016**

Date: 03/03/16

Sign here *[Signature]*

Typed or printed name Laura Cain

I am certifying that on the dates above, I provided the copies to my fulfillment center to be mailed with my permission

Cardon Health Care
Payroll Service Center
P.O. Box 17049
Augusta, GA 30903

SR# 3-19074043377

Jennifer Douglas
3612 Evening Light Cove
Magna, UT 84044

Cardon Health Care

SR# 3-19074043377



UNIFIED FIRE AUTHORITY

Billing Office
1717 South Redwood Road
P.O. Box 27768
Salt Lake City, Utah 84127-0768



RILEY DOUGLAS
C/O JENNIFER DOUGLAS
3612 S EVENING LIGHT CV
MAGNA UT 84044-2792

1-00000138

Acct # UF 1910140 01
Trip # 15020493 01
Date of Service: 09/18/2015
Balance for This Trip: \$ 1,559.08

To pay online visit website:
www.unifiedfire.org

Date 03/14/2016

Dear Patient or Responsible Party:

Your insurance has denied your claim. Please check with your insurance for additional information concerning their denial of payment. We are unable to dispute a claim for you with your insurance company.

If you are unable to pay the full balance on your bill within the next 15 days, please contact us at (801) 975-4385 we will be happy to discuss your balance and payment arrangements.

Regular monthly payments must be maintained to avoid collection action or a negative report to the credit bureau.

Thank you,

Unified Fire Authority
(801) 975-4385

To insure proper credit, detach and return lower portion in the enclosed envelope.

RILEY DOUGLAS
C/O JENNIFER DOUGLAS
3612 S EVENING LIGHT CV
MAGNA UT 84044



Unified Fire Authority
PO Box 27768
Salt Lake City UT 84127-0768

IF PAYING BY CREDIT CARD, FILL OUT BELOW

	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
CARD NUMBER					
SIGNATURE				EXP. DATE	
ACCTNO. UF 1910140-01			TRIP NO: 15020493-01		
STATEMENT DATE 03/14/2016			PAY THIS AMOUNT \$ 1,559.08		
PAYMENT DUE ON RECEIPT			SHOW AMOUNT PAID HERE \$		

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

For Questions Regarding your Account Please Call (801) 975-4385.
Hours are Mon - Fri 9 AM to 5 PM.
1717 SOUTH REDWOOD ROAD • SALT LAKE CITY, UTAH 84104-5110
(801) 975-4385 • FAX (801) 975-4323 • TOLL FREE (888) 771-3606





WEST VALLEY CITY
Unity • Pride • Progress

Office of the City Attorney

SECOND NOTICE OF DEFAULT

Jennifer Douglas
3612 S Evening Light Cv
Magna, UT 84044

March 15, 2016

You are in default on a debt you owe to West Valley City for **Ambulance / EMT Services** which incurred on 02/04/2015 in the amount of **\$831.98**.

A first notice was sent to you thirty (30) days ago asking that you contact the City to make arrangements to pay this debt. As of today's date, we have not heard from you. Failure to make arrangements to pay this debt within ten (10) days after receipt of this notice will result in the City pursuing the collection of this debt through any and all means provided by the law, which may include judgment or garnishment of wages and state tax returns.

Please pay online at www.wvc-ut.gov/billing

You may also pay by mail or in person at the Information Window Monday – Thursday between 7:00 a.m. and 6:00 p.m. Please mail this statement along with your check or money order payable to West Valley City to ensure proper credit to your account.

West Valley City Debt Collections Contact Information:

Mailing Address: WVC Attorney's Office
3600 South Constitution Blvd.
West Valley City, UT 84119

Phone: (801) 965-7306

ENGLAND COUNSELING SERVICES
3564 S 7200 W

MAGNA UT 84044-3507

ANY QUESTIONS PLEASE CALL: (801)562-4484

PATIENT: RILEY C DOUGLAS

SEND TO:

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.			
<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMER EXP.
CARD NUMBER		SIGNATURE CODE	
SIGNATURE		EXP DATE	
STATEMENT DATE	PAY THIS AMOUNT	ACCT. #	
03/15/16	240.00	HF85993129	
SHOW AMOUNT \$ PAID HERE			

RILEY C DOUGLAS
3612 EVENING LIGHT COVE

MAGNA UT 84044

ENGLAND COUNSELING SERVICES
3564 S 7200 W

MAGNA UT 84044-3507

☐ PLEASE CHECK THE BOX IF YOUR ADDRESS IS
INCORRECT OR INSURANCE INFO HAS CHANGED

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

PATIENT NAME		RILEY C DOUGLAS		PATIENT ACCT NUMBER		HF85993129		BALANCE DUE	240.00
DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	ADJUSTMENT	INS PYMT	PAT RESP	PAT PYMT	BALANCE	
03/30/15		MICHAEL BOMAN	160.00	100.00	30.00	30.00	30.00	0.00	
		UT PARTNERS FOR HEALTH							
03/30/15	90791	PSYCH DIAGNOSTIC EVALUATION	160.00	100.00	30.00				
		CO-INS				30.00			
03/30/15		PATIENT PAYMENT					30.00		
04/08/15		MICHAEL BOMAN	120.00	60.00	30.00	30.00	30.00	0.00	
		UT PARTNERS FOR HEALTH							
04/08/15	90847	FAMILY PSYTX W/PATIENT	120.00	60.00	30.00				
		CO-INS				30.00			
04/16/15		PATIENT PAYMENT					30.00		
04/16/15		MICHAEL BOMAN	120.00	60.00	30.00	30.00	30.00	0.00	
		UT PARTNERS FOR HEALTH							
04/16/15	90847	FAMILY PSYTX W/PATIENT	120.00	60.00	30.00				
		CO-INS				30.00			
04/16/15		PATIENT PAYMENT					30.00		
04/22/15		MICHAEL BOMAN	120.00	60.00	30.00	30.00	30.00	0.00	
		UT PARTNERS FOR HEALTH							
04/22/15	90834	PSYTX PT AND/OR FAMILY 45 MI	120.00	60.00	30.00				
		CO-INS				30.00			

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000360600	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 08/16/2015
Period Ending: 08/31/2015
Pay Date: 09/04/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	84.75	1,144.13	17,972.88
Overtime	20.2500	.85	17.21	35.64
Pto	13.5000	3.00	40.50	1,188.00
Bonus - Pts				250.00
Holiday				216.00
Gross Pay			\$1,201.84	19,662.52

Deductions	Statutory	
Social Security Tax	-63.31	1,079.41
Medicare Tax	-14.80	252.44
UT State Income Tax	-12.96	263.17
Federal Income Tax		139.62
Other		
Dental Pretax	-39.45*	428.82
Garnishment	-147.72	740.33
Health Sav Prem	-126.00*	1,638.00
Hsa Contributio	-10.00*	130.00
Vision Pretax	-5.29*	55.92
Net Pay	\$782.31	
Checking Acct	-782.31	
Net Check	\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,021.10

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000360600
Pay date: 09/04/2015

Deposited to the account of	account number	transit ABA	amount
JENNIFER V. DOUGLAS	xxxxxxxxxxxx6964	xxxx xxxx	\$782.31

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000380596	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 09/01/2015
Period Ending: 09/15/2015
Pay Date: 09/22/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	56.77	766.40	18,739.28
Holiday	13.5000	8.00	108.00	324.00
Pto	13.5000	7.00	94.50	1,282.50
Overtime				35.64
Bonus -Pts				250.00
Gross Pay			\$968.90	20,631.42

Deductions	Statutory		
	Social Security Tax	-48.86	1,128.27
	Medicare Tax	-11.43	263.87
	Federal Income Tax		139.62
	UT State Income Tax		263.17
	Other		
	Dental Pretax	-39.45*	468.27
	Garnishment	-117.39	857.72
	Health Sav Prem	-126.00*	1,764.00
	Hsa Contributio	-10.00*	140.00
	Vision Pretax	-5.29*	61.21
	Net Pay	\$610.48	
	Checking Acct	-610.48	
	Net Check	\$0.00	

*** Excluded from federal taxable wages**

Your federal taxable wages this period are \$788.16

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000380596
Pay date: 09/22/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	XXXXXXXXXXXX6964	XXXX	XXXX	\$610.48

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000400610	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 09/16/2015
Period Ending: 09/30/2015
Pay Date: 10/07/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	73.08	986.58	19,725.86
Overtime				35.64
Bonus - Pts				250.00
Holiday				324.00
Pto				1,282.50
Gross Pay			\$986.58	21,618.00

Deductions	Statutory		
Social Security Tax	-49.96	1,178.23	
Medicare Tax	-11.68	275.55	
Federal Income Tax		139.62	
UT State Income Tax		263.17	
Other			
Dental Pretax	-39.45*	507.72	
Garnishment	-119.84	977.56	
Health Sav Prem	-126.00*	1,890.00	
Hsa Contributio	-10.00*	150.00	
Vision Pretax	-5.29*	66.50	
Net Pay		\$624.36	
Checking Acct	-624.36		
Net Check		\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are \$805.84

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000400610
Pay date: 10/07/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	XXXXXXXXXXXX6964	XXXX	XXXX	\$624.36

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000420623	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 10/01/2015
Period Ending: 10/15/2015
Pay Date: 10/22/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	85.93	1,160.06	20,885.92
Overtime	20.2500	.10	2.03	37.67
Bonus - Pts				250.00
Holiday				324.00
Pto				1,282.50
Gross Pay			\$1,162.09	22,780.09

Deductions	Statutory		
	Social Security Tax	-60.85	1,239.08
	Medicare Tax	-14.23	289.78
	UT State Income Tax	-10.46	273.63
	Federal Income Tax		139.62
	Other		
	Dental Pretax	-39.45*	547.17
	Garnishment	-142.58	1,120.14
	Health Sav Prem	-126.00*	2,016.00
	Hsa Contributio	-10.00*	160.00
	Vision Pretax	-5.29*	71.79
	Net Pay	\$753.23	
	Checking Acct	-753.23	
	Net Check	\$0.00	

* Excluded from federal taxable wages

Your federal taxable wages this period are \$981.35

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000420623
Pay date: 10/22/2015

Deposited to the account of	account number	transit ABA	amount
JENNIFER V. DOUGLAS	XXXXXXXXXXXX6964	XXXX XXXX	\$753.23

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000470655	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 11/01/2015
Period Ending: 11/15/2015
Pay Date: 11/20/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	80.00	1,080.00	23,313.90
Overtime	20.2500	25.67	519.82	567.62
Bonus - Pts				250.00
Holiday				324.00
Pto				1,282.50
Gross Pay			\$1,599.82	25,738.02

Deductions	Statutory		
Federal Income Tax	-22.75		162.37
Social Security Tax	-87.98		1,400.06
Medicare Tax	-20.57		327.43
UT State Income Tax	-38.03		334.46
Other			
Dental Pretax	-39.45*		626.07
Garnishment	-195.67		1,483.69
Health Sav Prem	-126.00*		2,268.00
Hsa Contributio	-10.00*		180.00
Vision Pretax	-5.29*		82.37
Net Pay		\$1,054.08	
Checking Acct	-1,054.08		
Net Check		\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,419.08

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS , TX 77381

Advice number: 00000470655
Pay date: 11/20/2015

Deposited to the account of	account number	transit ABA	amount
JENNIFER V. DOUGLAS	XXXXXXXXXXXX6964	XXXX XXXX	\$1,054.08

CHASE

Broadway
Sacramento, CA 95818

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000450637	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 10/16/2015
Period Ending: 10/31/2015
Pay Date: 11/06/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	99.85	1,347.98	22,233.90
Overtime	20.2500	.50	10.13	47.80
Bonus - Pts				250.00
Holiday				324.00
Pto				1,282.50
Gross Pay			\$1,358.11	24,138.20

Deductions	Statutory		
Social Security Tax	-73.00	1,312.08	
Medicare Tax	-17.08	306.86	
UT State Income Tax	-22.80	296.43	
Federal Income Tax		139.62	
Other			
Dental Pretax	-39.45*	586.62	
Garnishment	-167.88	1,288.02	
Health Sav Prem	-126.00*	2,142.00	
Hsa Contributio	-10.00*	170.00	
Vision Pretax	-5.29*	77.08	
Net Pay		\$896.61	
Checking Acct	-896.61		
Net Check		\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,177.37

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000450637
Pay date: 11/06/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	xxxxxxxxxxxx6964	xxxx	xxxx	\$896.61

THIS IS NOT A CHECK

NON-NEGOTIABLE

CO.	FILE	DEPT	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000470655	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 11/01/2015
Period Ending: 11/15/2015
Pay Date: 11/20/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	80.00	1,080.00	23,313.90
Overtime	20.2500	25.67	519.82	567.62
Bonus -Pts				250.00
Holiday				324.00
Pto				1,282.50
Gross Pay			\$1,599.82	25,738.02

Deductions	Statutory	
Federal Income Tax	-22.75	162.37
Social Security Tax	-87.98	1,400.06
Medicare Tax	-20.57	327.43
UT State Income Tax	-38.03	334.46
Other		
Dental Pretax	-39.45*	626.07
Garnishment	-195.67	1,483.69
Health Sav Prem	-126.00*	2,268.00
Hsa Contributio	-10.00*	180.00
Vision Pretax	-5.29*	82.37
Net Pay	\$1,054.08	
Checking Acct	-1,054.08	
Net Check	\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,419.08

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000470655
Pay date: 11/20/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	xxxxxxxxxxxx6964	xxxx	xxxx	\$1,054.08

CHASE
Broadway
Sacramento, CA 95818

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000490676	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 11/16/2015
Period Ending: 11/30/2015
Pay Date: 12/07/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	85.23	1,150.61	24,464.51
Overtime	20.2500	10.67	216.07	783.69
Holiday	13.5000	8.00	108.00	432.00
Bonus - Pts				250.00
Pto				1,282.50
Gross Pay			\$1,474.68	27,212.70

Deductions	Statutory		
	Federal Income Tax	-10.24	172.61
	Social Security Tax	-80.22	1,480.28
	Medicare Tax	-18.77	346.20
	UT State Income Tax	-30.15	364.61
	Other		
	Dental Pretax	-39.45*	665.52
	Garnishment	-181.39	1,665.08
	Health Sav Prem	-126.00*	2,394.00
	Hsa Contributio	-10.00*	190.00
	Vision Pretax	-5.29*	87.66
	Net Pay	\$973.17	
	Checking Acct	-973.17	
	Net Check	\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,293.94

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000490676
Pay date: 12/07/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	XXXXXXXXXXXX6964	XXXX	XXXX	\$973.17

CHASE
Broadway
Sacramento, CA 95818

NON-NEGOTIABLE

CO.	FILE	DEPT.	CLOCK	VCHR. NO.	030
PL9	913116	102020		0000510673	1

Earnings Statement



CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Period Beginning: 12/01/2015
Period Ending: 12/15/2015
Pay Date: 12/22/2015

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 5
UT: 5

JENNIFER V. DOUGLAS
3612 EVENING LIGHT COVE
MAGNA UT 84044

Earnings	rate	hours	this period	year to date
Regular	13.5000	86.48	1,167.48	25,631.99
Overtime	20.2500	.35	7.09	790.78
Bonus - Pts				250.00
Holiday				432.00
Pto				1,282.50
Gross Pay			\$1,174.57	28,387.27

Deductions	Statutory		
	Social Security Tax	-68.15	1,548.43
	Medicare Tax	-15.93	362.13
	UT State Income Tax	-17.87	382.48
	Federal Income Tax		172.61
	Other		
	Dental Pretax	-13.57*	679.09
	Garnishment	-153.39	1,818.47
	Garnishment	-114.76	114.76
	Health Sav Prem	-50.00*	2,444.00
	Hsa Contributio	-10.00*	200.00
	Vision Pretax	-1.89*	89.55
	Net Pay	\$729.01	
	Checking Acct	-729.01	
	Net Check	\$0.00	

* Excluded from federal taxable wages
Your federal taxable wages this period are
\$1,099.11

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CARDON HEALTHCARE NETWORK LLC
4185 TECHNOLOGY FOREST BLVD STE 200
THE WOODLANDS, TX 77381

Advice number: 00000510673
Pay date: 12/22/2015

Deposited to the account of	account number	transit	ABA	amount
JENNIFER V. DOUGLAS	xxxxxxxxxxxx6964	xxxx	xxxx	\$729.01

CHASE
Broadway
Sacramento, CA 95818

NON-NEGOTIABLE

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions
exist for particular debts, and liens on property may
still be enforced after discharge. For example, a
creditor may have the right to foreclose a home
mortgage or repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:
http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:
http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.